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# Practicing as a Physician Assistant in WA

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May 5, 2021



# Agenda

- Overview of PA Laws and Regulations
- Common Issues and Concerns from the WMC
- PA Clinic Ownership
- MD/PA Supervision



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# Laws and Regulations

Richelle Little, JD  
WMC Staff Attorney



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# Terms

- Laws (RCWs)
- Rules (WACs)
- Interpretive statement
- Policy statement
- Guidelines
- Procedure



[Definitions](#) are on the WMC [Policies & Rules](#) page



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# Liability & Responsibility

- PA and physician joint liability and responsibility
  - RCW 18.71A.050
  - Meaningful supervision, specific to your practice
  - Physician discipline under RCW 18.130.180(14)
- WMC Procedure – complaints against PA
  - May authorize investigation against supervising physician at any point, and
  - WMC investigator will contact supervising physician



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# Practice Agreements

- (Current) WAC 246-918-055 - Delegation agreements
- (New) RCW 18.71A.120 - Practice agreements
  - Change to filing requirement
    - Must be filed with (not approved by) WMC.
  - Communications provision
  - Termination provision



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## Practice Agreements (cont.)

- How many PAs can a physician supervise?
  - No more “than the physician is able to adequately supervise.”
  - Current max 5 PAs per physician (until July 1)
    - **New limit 10, with waiver provision (effective July 1)**
  - Current max 3 PAs working at remote sites
    - **New statute – no limit**



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## Practice Agreements (cont.)

- PA – always have a valid practice agreement on file.
- PA – never practice without a practice agreement!
- PA & supervising physician – pay attention to the contents of your practice agreement.



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# PA Scope of Practice

- PA scope cannot exceed supervising physician's scope.
  - Limits of physician's knowledge and skill.
  - Narrow exceptions may be authorized by rule, law, or WMC.
- Discussion:
  - What can I do if I am an experienced PA, but my supervising physician is not knowledgeable about an area that I would like to practice or a treatment I want to offer my patients?



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## PA Scope of Practice (cont.)

- If physician's scope becomes limited through discipline, PA's scope also becomes limited.
  - WAC 246-918-105 Practice limitations due to disciplinary action.



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# PAs Supervised by DO

- All PAs will be governed by Ch. 18.71A RCW.
  - Ch. 18.57A RCW going away July 2022
- Investigation of a DO supervising physician would be referred to Board of Osteopathic Medicine and Surgery.



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# Policy Statements

- [Self-Treatment or Treatment of Immediate Family Members](#)
  - Potential pitfalls regarding scope of practice, informed consent, conflicts of interest.
- [Practitioners Exhibiting Disruptive Behavior](#)
  - Behavior affects patient safety.
  - Organizations are best equipped to address the behavior.
  - WMC may investigate and may take action.



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# Interpretive Statements

- [Physician Assistants' Use of DEA Waiver for Buprenorphine](#)
  - Supervising physician not required to have a waiver.
  - Supervising physician must be a “qualifying physician” (addiction specialist or have certain training).
- [Physician Assistants Ordering Patient Restraint and Seclusion](#)
  - PA may order restraint and seclusion (R&S) if:
    - Delegation/Practice Agreement does not exclude R&S AND,
    - R&S is within supervising physician’s scope of practice



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# Clinic Ownership

James Anderson, WMC Physician Assistant Member



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# Guidelines

- [Ownership of Clinics by Physician Assistants](#)
  - Permissible
  - Beware of potential ethical challenges
    - Scope of practice;
    - Mandatory reporting;
    - Legal compliance;
  - Also consider new RCW 18.71A.120(1)(a)
    - “Physician cannot be required to supervise PA as a condition of employment”.



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# PA Ownership of a Clinic – Case Study 1

- PA owns clinic and supervising physician is PA's employee
- Supervising physician provides substandard care
  - Prescribing hormones in a dangerous and illegal manner
  - Fails to document medical need
  - Obtains controlled substances for personal use
- Physician exhibits concerning behaviors
  - Evidence of substance abuse, illegal substance use
  - Aggressive and threatening behaviors



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# Poll Question

Should PA be disciplined for not reporting supervising  
physician?



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# PA Ownership of a Clinic – Case Study 2

- PA owns clinic and supervising physician is PA's employee:
  - PA is not following Delegation Agreement.
  - PA fails to carry out supervising physician's directives regarding patient care.
  - PA performs surgeries without physician supervision.
  - PA is practicing beyond the scope of supervising physician's skill and knowledge.



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# Poll Question

Should supervising physician be disciplined for not reporting PA?



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# PA Ownership of a Clinic – Case Study 3

- PA owns clinic and employs physicians, medical assistants, etc.
  - Supervising physician's employment ends, and physician is no longer supervising PA
  - PA continues to practice, without a new agreement
- Discussion:
  - What steps should PA have taken to avoid violation?
  - What steps should physician take when leaving employment?



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# Practical Advice

Theresa Schimmels, WMC Physician Assistant Member



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# A Little Respect Goes a Long Way

- Mutual respect for each other's strengths and weaknesses.
- You may do things differently – and that is okay.
  - Just understand those differences and discuss them.
- Respect for what you can and cannot do.
  - Do you have the required (technical and/or knowledge) training?



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# Supervision

- **Direct Supervision:** Involves the physician being physically present in the patient encounter.
- **Indirect Supervision:** Means the physician is available by phone or by electronic means (secure internet network, or EMR messaging) to review patient cases and answer PA questions.
- The supervising physician is responsible for ensuring that the PA is adequately supervised, which means – Reasonable access to the supervising physician, should the PA wish to consult the physician.



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# Supervision

- Clear and appropriate level of PA supervision by the supervising physician.
  - If you are ever unsure – speak up!
- Ensure that there is a plan for open and consistent communication.
  - How will you contact them if there is a question or issue?
  - What is the expectation for response time?
- Document in the EHR when your supervising MD is present for an exam.
- CC them if a chart review should be conducted.
  - Likewise – your MD should document when they perform a chart review.



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# The Value of Teams

- Growing interest in team-based care has led to the study of high-functioning teams and their positive impact on outcomes, costs, efficiencies, and provider burnout.
- To Err Is Human unleashed new interest in team-based care. That report identified “effective team functioning” as one of five principles that could lead to safer care.
- Numerous subsequent reports have placed interdisciplinary, collaborative, team-based care at the epicenter of healthcare transformation.



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# Improving Care

- A 2018 report from three federal departments, recommends that to lower prices, increase access, and improve quality, states should:
  - Allow all healthcare providers to practice to the top of their license, utilizing their full skill set,
  - Consider eliminating requirements for rigid collaborative practice and supervision agreements, and
  - Allow PAs and other providers to be paid directly for their services.



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# Practical Advice

Diana Currie, WMC Physician Member



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# From the Literature

The PA (physician assistant) profession, founded on the concept of collaborative practice, is a natural fit for team-oriented care models.

The foundation for a successful PA/MD working relationship requires mutual respect and trust, open communication, and freedom to ask questions and seek guidance for complex cases or issues related to practice.

Numerous studies have found that PAs provide high-quality care.

help to improve patient access to high quality care, saves the system dollars, improves practice efficiency, improve continuity of care, reduce wait times, increase physician time savings, reduce physician workload and burnout and expand a practice's flexibility to offer after hour services & accommodate more same-day appointments.



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# Supervision

## Initially

- Communication needs to be a priority in building this relationship.
- Have scenario-based discussions.
- Direct supervision for initial procedures.
  - This is not a reflection on the abilities of the PA, but part of building trust in the relationship.
- Regular Reviews
  - Increasing independence over time.
  - As an MD – understand what a PA can and cannot do (rules change).

## Ongoing

- Regular Meetings
- Open Door Policy
- Ensure that Ongoing Roles and Responsibilities are understood
- Share Educational Material That You Find Useful



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# Quality Assurance

- Chart auditing – set a clear expectation of what this will look like in the practice agreement.
  - Include:
    - A mix of diagnoses;
    - Meeting frequency to discuss the chart auditing;
- Proactive Practice Monitoring
  - Best if documented in the Practice Agreement.
  - Set expectations:
    - Communication;
    - Protocol for chronic and/or complicated patients;



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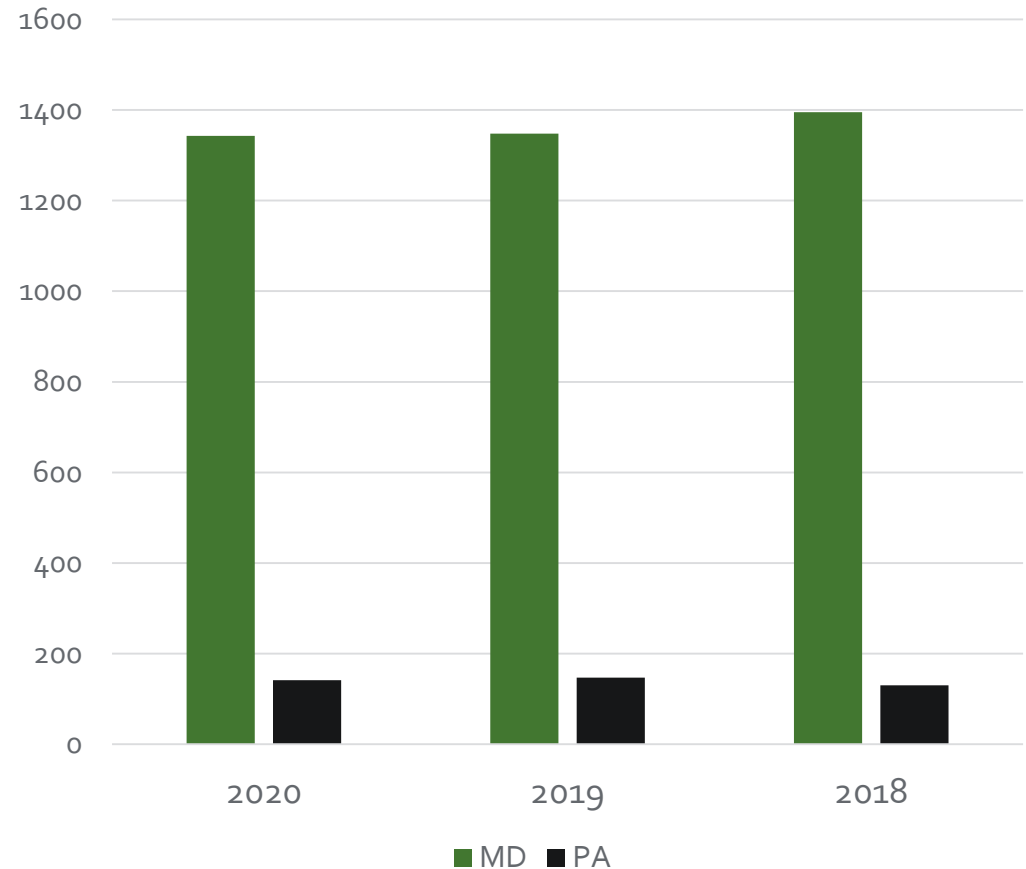
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## Complaints Received

### Per capita Rates:

- 4.1 complaints are filed for every 100 PAs.
- 4.0 complaints are filed for every 100 MDs.



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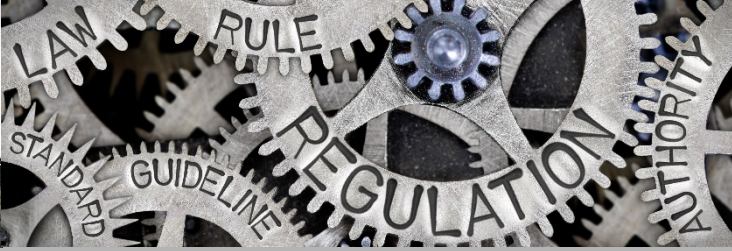


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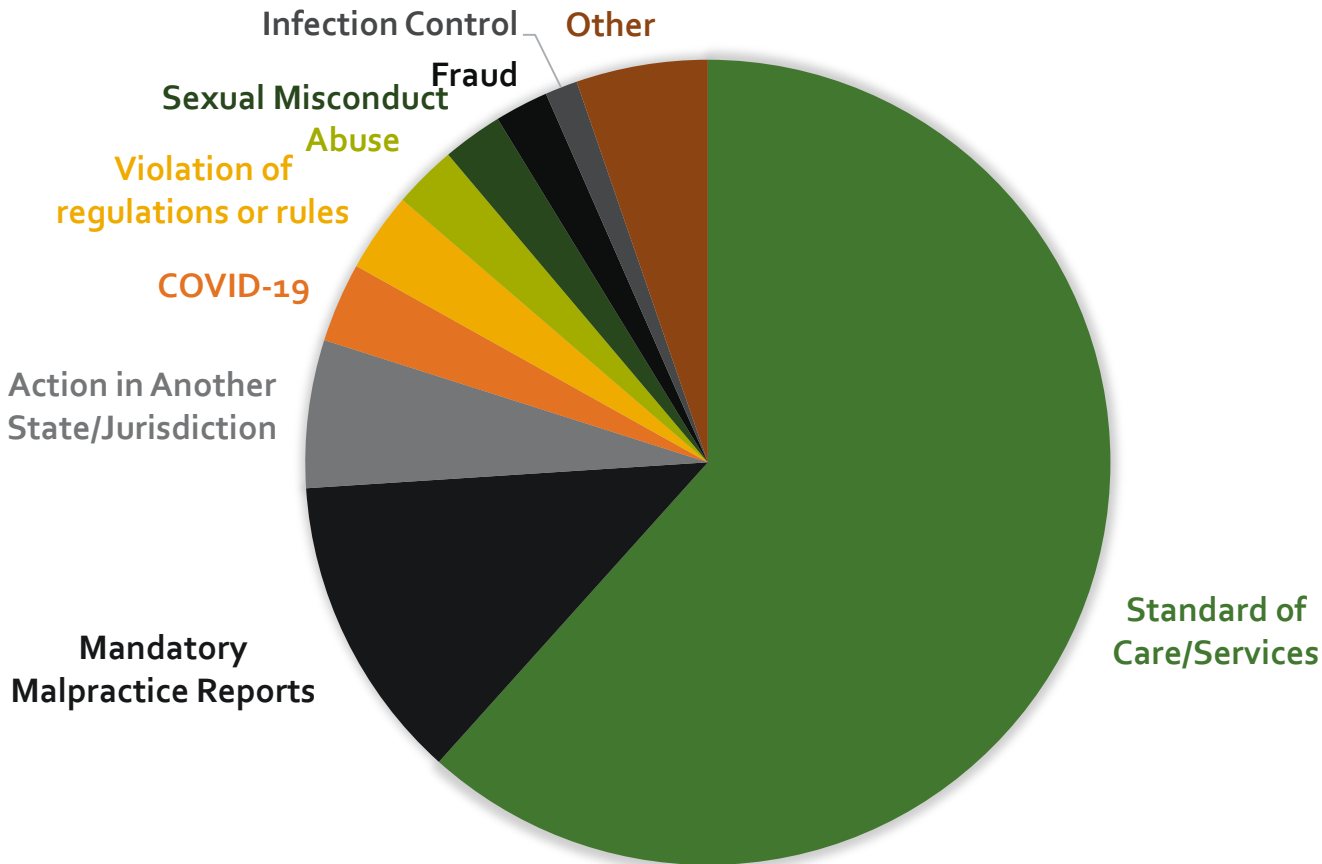


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# Complaint Demographics - MD



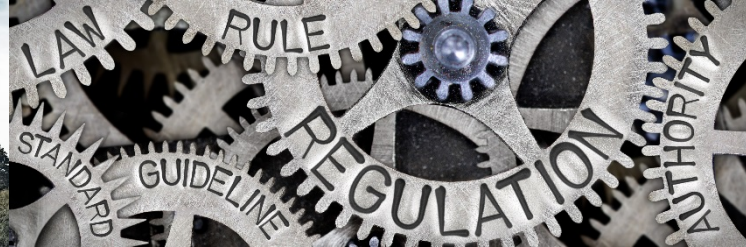
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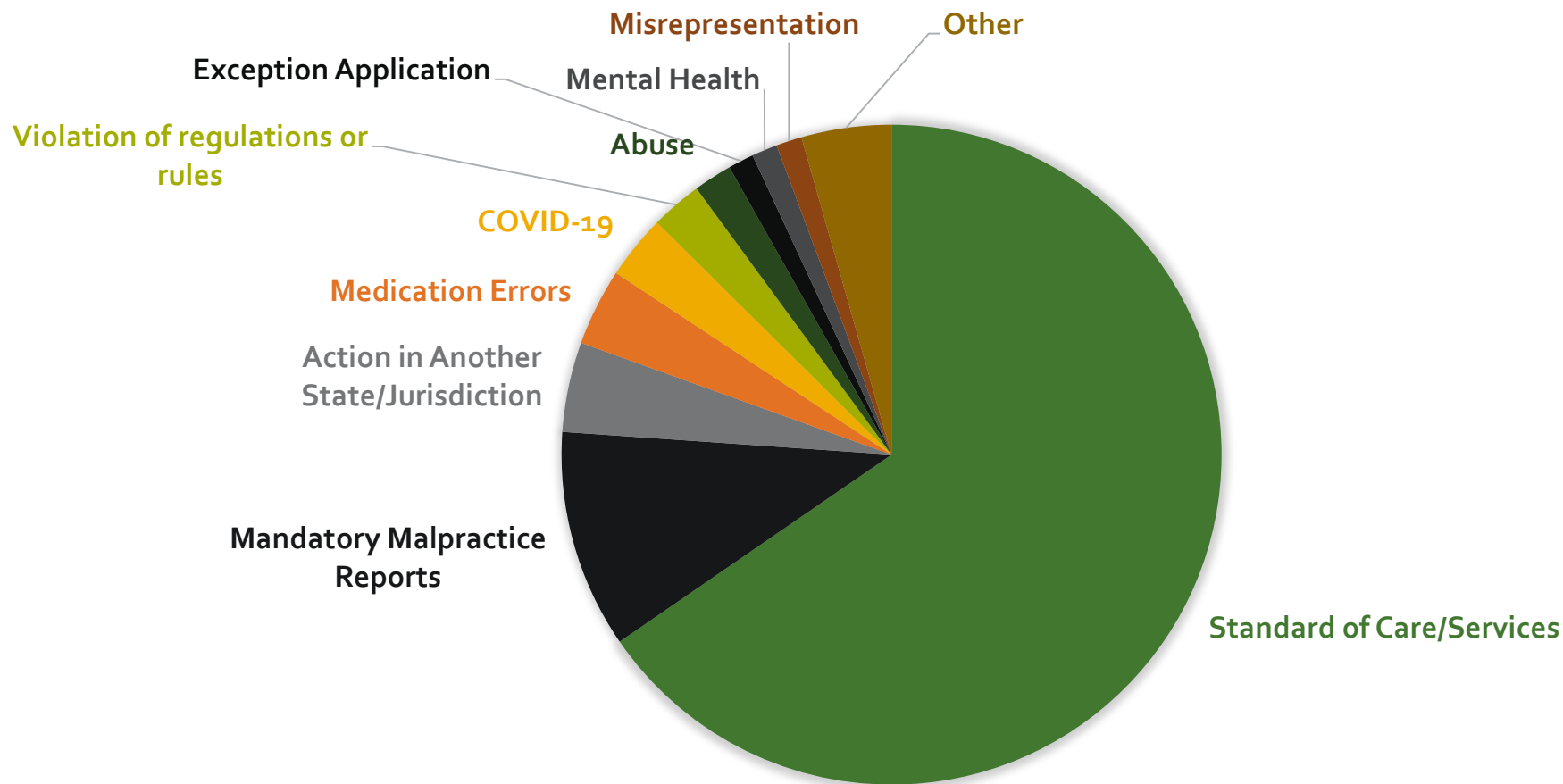
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# Complaint Demographics - PA



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# MD / PA Supervision – Case Study

- PA Provides Substandard Care
  - Complex patient;
    - (polypharmacy, multiple comorbidities)
  - PA does not consult supervising MD;
  - No evidence of physician review or consult;
  - Delegation agreement on file;
  - Supervising physician is available to consult with PA as needed;
  - No regularly scheduled meetings to review cases;



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# Poll Question

Assuming PA is disciplined for violations of standard of care, should supervising physician be disciplined for not adequately supervising PA?



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# Case study lessons learned

- WMC looks at the unique factors of a case and makes a determination.
- Rule of thumb: if you have to see a patient for complex care -then you should consider discussing the patient with your supervising MD.
  - CC them on your notes.
  - Be available to discuss.
- Are you stuck? Is the patient not getting better? Talk to your MD!
- As an MD – be open to when your PA needs an ad hoc discussion (open door policy).
  - Be proactive if you see (or get the feeling) that they are seeing a complex patient more regularly.



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# To be continued...

## Changes to PA Practice in WA June 16, 2021

A discussion of the new proposed rules  
and implications for your practice



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# Questions?



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We promote patient safety and enhance the integrity of the profession through licensing, discipline, rule making, and education.

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